

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701275

Entity Name: WATSON CLINIC FOUNDATION, INC.**Current Principal Place of Business:**100 S. KENTUCKY AVE
SUITE 255
LAKELAND, FL 33801**Current Mailing Address:**2901 W MEMORIAL BLVD.
LAKELAND, FL 33815 US**FEI Number:** 59-1100876**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VUGMAN, GALINA MD
1600 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** GALINA VUGMAN

03/15/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHIEF ADMINISTRATIVE OFFICER
Name PIOTROWSKI, STANLEY
Address 1600 LAKELAND HILLS BLVD
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR
Name HEYSEK, RANDY
Address 1730 LAKELAND HILLS BLVD.
City-State-Zip: LAKELAND FL 33805

Title CHAIRMAN
Name ACHINGER, STEVEN
Address 1600 LAKELAND HILLS BLVD
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR
Name GLOR, M. SHANE
Address 331 S. FLORIDA AVE
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name PATEL, PRANAY DR.
Address 1600 LAKELAND HILLS BLVD
City-State-Zip: LAKELAND FL 33805

Title PRESIDENT
Name VUGMAN, GALINA MD
Address 1600 LAKELAND HILLS BLVD.
City-State-Zip: LAKELAND FL 33805

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GALINA VUGMAN MD

PRESIDENT

03/15/2019

Electronic Signature of Signing Officer/Director Detail

Date